


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 742070 1. Entity Name HAITIAN EMMANUEL BAPTIST CHURCH, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 OCT 26 AM 8:13	
Principal Place of Business 7321 NE 2ND AVE. MIAMI, FL 33138		Mailing Address 7321 NE 2ND AVE. MIAMI, FL 33138					
2. Principal Place of Business MIAMI FLORIDA <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7321 NE 2 Avenue <small>Suite, Apt. #, etc.</small>					
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 59-1635449		Applied For <input type="checkbox"/> Not Applicable	
Zip 33138		Country DADE		Zip 33138		Country DADE	
6. Name and Address of Current Registered Agent WILNER, MAXY 7321 NE 2ND AVE. MIAMI, FL 33138				7. Name and Address of New Registered Agent Name Wilner Maxy Street Address (P.O. Box Number is Not Acceptable) 1138 NW 101 Street City Miami Florida FL Zip Code 33150			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						DATE 10-20-04	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXY, WILNER 1138 N.W. 101 ST STREET MIAMI, FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042184947 10/26/04--01042--001 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOISE, JOSEPH J 1120 NW 102 ST. MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEAN LOUIS, HERIBERT 1840 NE 142 ST., #4B MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERTNEAU225, OSNES 215 NW 79TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Wilner Maxy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						DATE 10-20-04 <small>Date Daytime Phone #</small>	

10/29 04